



## Town of Boylston Massachusetts

Office of the Treasurer/Collector  
P.O. Box 744  
Boylston MA 01505

(508)-869-2972

Date: \_\_\_\_\_

I hereby request a municipal lien on the following property with the listed below:

Map \_\_\_\_\_ Parcel \_\_\_\_\_

Address \_\_\_\_\_

Present owner's name \_\_\_\_\_

Please return the certificate to:

Name \_\_\_\_\_

Address: \_\_\_\_\_

City/Town \_\_\_\_\_ Zip Code \_\_\_\_\_

A fee of \$25.00 will be collected on a request for a municipal lien. **A self addressed stamped envelope is also required.**